

Appendix D5 – Management Programs (Property Management and Maintenance)

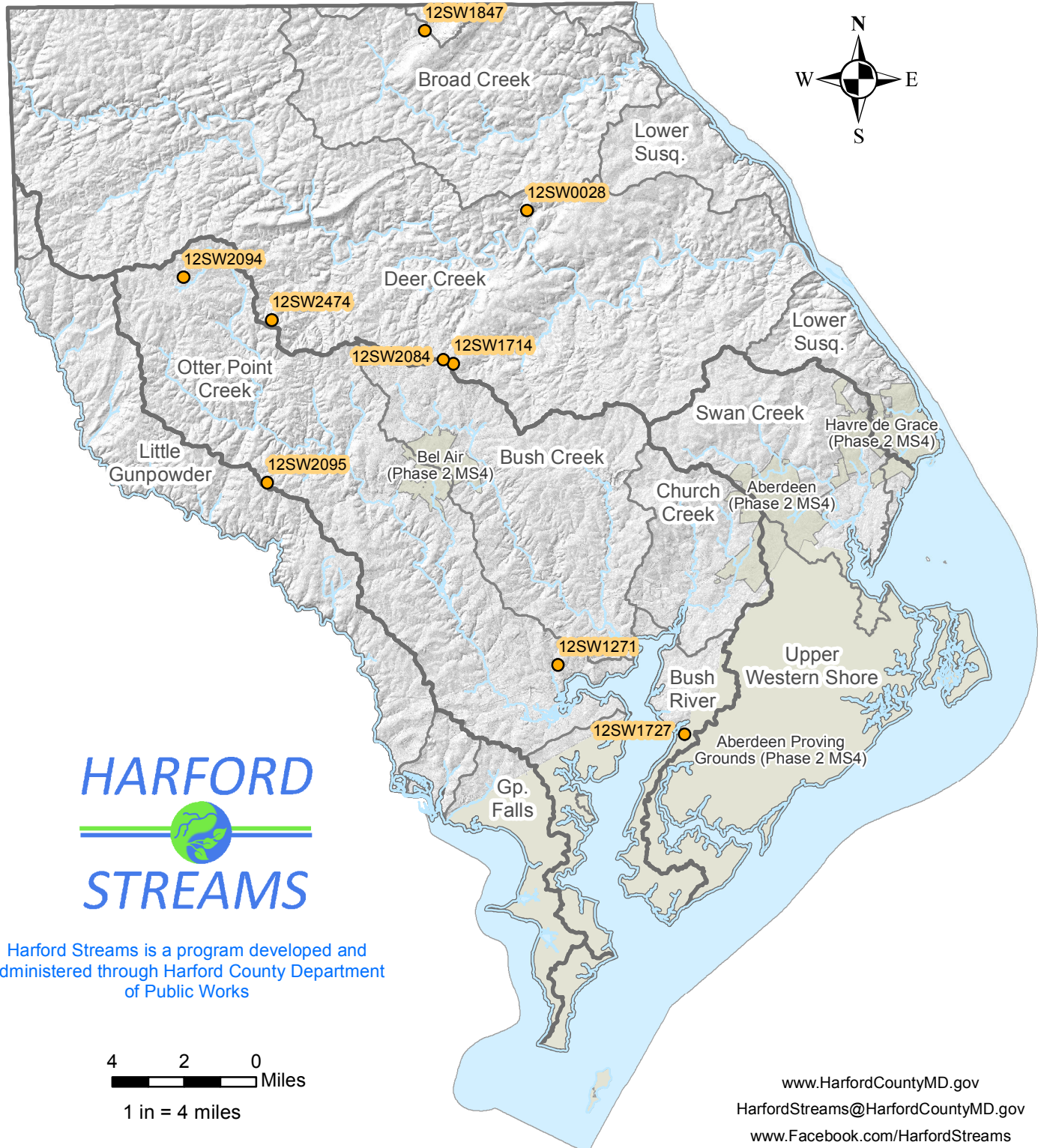
Appendix D5

Harford County, MD Department of Public Works Watershed Protection and Restoration

County Owned Facilities with 12SW Permit Coverage
(July 1, 2017 - June 30, 2018)



Barry Glassman
County Executive



NPDES Phase 1 MS4 Permit 11-DP-3310

Printed 12/2018

Harford County Owned Facilities with 12SW Permit Coverage

MUNI_FACILITIES_ID: HA17MUN000001

FACILITY_NAME: ABINGDON HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW1271

MUNI_FACILITIES_ID: HA17MUN000002

FACILITY_NAME: HICKORY HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW1714

MUNI_FACILITIES_ID: HA17MUN000003

FACILITY_NAME: WHITEFORD HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW1847

MUNI_FACILITIES_ID: HA17MUN000004

FACILITY_NAME: JARRETTSVILLE HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW2474

MUNI_FACILITIES_ID: HA17MUN000005

FACILITY_NAME: FALLSTON PARKS & REC MAINTENANCE FACILITY

NOI_NUM: 12SW2095

MUNI_FACILITIES_ID: HA17MUN000006

FACILITY_NAME: JARRETTSVILLE PARKS & REC MAINTENANCE FACILITY

NOI_NUM: 12SW2094

MUNI_FACILITIES_ID: HA17MUN000007

FACILITY_NAME: HARFORD COUNTY SCHOOLS MAINTENANCE FACILITY

NOI_NUM: 12SW2084

MUNI_FACILITIES_ID: HA17MUN000008

FACILITY_NAME: SCARBORO LANDFILL

NOI_NUM: 12SW0028

MUNI_FACILITIES_ID: HA17MUN000009

FACILITY_NAME: SOD RUN WASTEWATER TREATMENT PLANT

NOI_NUM: 12SW1727



A. GENERAL INFORMATION

B. GENERAL INSPECTION FINDINGS

If NO, describe why not:

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA ____:

1. Brief Description:	
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2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

- | | | |
|---|------------------------------|-----------------------------|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are any additional/revised BMPs necessary in this area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA ____:

1. Brief Description:	
-----------------------	--

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #

 of

 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

 /

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6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:

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10. Date correction action completed:

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 or expected to be completed:

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11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

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6. How problem was identified:

- ☐ Comprehensive site inspection
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- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:

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10. Date correction action completed:

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- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
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- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

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6. How problem was identified:

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- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:

 /

 /

10. Date correction action completed:

 /

 /

 or expected to be completed:

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11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #

 of

 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

 /

 /

6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:

 /

 /

10. Date correction action completed:

 /

 /

 or expected to be completed:

 /

 /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative
 Printed Name:

ELIZABETH A COLLINS

Title:

CIVIL ENGINEER

Signature:

Elizabeth A Collins

Date Signed:

7/12/17

update

7/20/17

update

10/4/17

MDR00000


 UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: HICKORY III HIGHWAY MAINTENANCE

2. NPDES Permit Tracking No.: MDR00000

3. Facility Physical Address:

a. Street: 1807 N FOUNTAIN GREEN RD

b. City: BEL AIR c. State: MD d. Zip Code: 21015

4. Lead Inspectors Name: ELIZABETH COLLINS Title: CIVIL ENGINEER

Additional Inspectors Name(s): MICHELE DOBSON

5. Contact Person: JEFF PANGBURN Title: SUPERVISOR

Phone: 410 - 638 - 3560 Ext. E-mail: JWPANGBURN@CHARFORDCOUNTYMD.GOV

6. Inspection Date: 06 / 14 / 2018

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?

☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Monthly evaluation reports were reviewed. There were no incidences reported for the Calendar Year 2017. Quarterly Visual Monitoring was performed at Outfall A in each quarter. There were no unusual sample results.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

Outfalls in good condition - no evidence of scouring.
The north discharge point needs to be rehabilitated

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

07

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 1:

1. Brief Description:

First Vehicle: Fuel Station

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 2:

1. Brief Description:

Generator

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 3:

Brief Description:

First Vehicle: Building and lot

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☒ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Evidence of an oil leak from the scrap metal dumpster and from a vehicle awaiting repair.

Outdoor liquid storage container has an illegible label.

NOTE: Copy this page and attach additional pages as necessary**INDUSTRIAL ACTIVITY AREA 4** _____:**1. Brief Description:****Covered Storage**2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☒ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Evidence of hydraulic fluid leaks from plow blades.**INDUSTRIAL ACTIVITY AREA 5** _____:**1. Brief Description:****Dumpsters**2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 6 _____:**1. Brief Description:****Salt Dome**2. Are any control measures in need of maintenance or repair? ☒ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Salt is uncontrolled at Dome 2.

NOTE: Copy this page and attach additional pages as necessary**INDUSTRIAL ACTIVITY AREA 7** _____:**1. Brief Description:****Stockpile Area**2. Are any control measures in need of maintenance or repair? ☒ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

North discharge point needs to be rehabilitated.
Unlabeled barrel containing liquid.**INDUSTRIAL ACTIVITY AREA 8** _____:**1. Brief Description:****Administrative Offices**2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 9 _____:**1. Brief Description:****Garage**2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 01 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Evidence of oil leaking from the scrap metal dumpster.

5. Date problem identified: 06 / 14 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Clean up contaminated gravel. Train employees to be sure only uncontaminated metal is put in the dumpster.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

MDR00000

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 02 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Evidence of fluid leak from vehicle awaiting repair

5. Date problem identified: 06 / 14 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Train employees to inspect each vehicle brought in for repairs for leaks. Use drip pans to collect fluid, or drain fluid from vehicle.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

MDR00000

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1. Corrective Action # 03 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Outdoor liquid storage with illegible label.

5. Date problem identified: 06 / 14 / 2017

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Label all liquids stored outdoors. Liquids stored outdoors should be in weather-resistant containers.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 04 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Evidence of leaking hydraulic fluid from plow blades.

5. Date problem identified: 06 / 14 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Clean up leaked fluid. Recommend training employees to drain fluids from equipment prior to long-term storage.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 05 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Salt is not contained in Dome 2

5. Date problem identified: 06 / 14 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Install a larger berm to contain the salt. Clean up salt that has migrated from the dome.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 06 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

The north discharge point is in need of rehabilitation. Muck out accumulated sediment and replace straw bales.

5. Date problem identified: 06 / 14 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Recommend placing a berm at the dome openings.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 07 of 07 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Unlabeled barrel in stockpile area.

5. Date problem identified: 06 / 14 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

The barrel is in good condition and weather resistant but lacks a label. Label the barrel.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

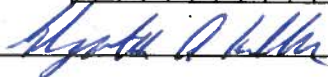
Authorized Representative
Printed Name:

ELIZABETH A COLLINS

Title:

CIVIL ENGINEER

Signature:



Date Signed: 6/14/2018

MDR002474


 UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: JARRETTSVILLE HIGHWAY MAINTENANCE

2. NPDES Permit Tracking No.: MDR002474

3. Facility Physical Address:

a. Street: 1348 COOPTOWN RD

b. City: FOREST HILL

c. State: MD d. Zip Code: 21050

4. Lead Inspectors Name: ELIZABETH COLLINS

Title: CIVIL ENGINEER

Additional Inspectors Name(s): MICHELE DOBSON

5. Contact Person: WILLIAM WILLIAMS

Title: SUPERINTENDENT

Phone: 410 - 692 - 7878 Ext. E-mail: WPWILLIAMS@HARFORDCOUNTYMD.GOV

6. Inspection Date: 05 / 07 / 2018

B. GENERAL INSPECTION FINDINGS

 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

 2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Monthly evaluation reports - There were no incidences reported for the Calendar Year 2017.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

Sediment accumulation in the riprap channel to the stormwater pond.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

02

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 1:

1. Brief Description:

Administrative Offices

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 2:

1. Brief Description:

Fueling Area

Area is clean. Spill kit present

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 3:

Brief Description:

Garage and covered storage

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☒ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

A small hydraulic oil spill was observed in the center of the garage

NOTE: Copy this page and attach additional pages as necessaryINDUSTRIAL ACTIVITY AREA 4:

1. Brief Description:

Salt Domes

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☒ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

One dome was lacking a berm

INDUSTRIAL ACTIVITY AREA 5:

1. Brief Description:

Stockpile Area

2. Are any control measures in need of maintenance or repair? ☒ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Inlet grate needs to be repaired.
Remove accumulated sediment in riprap channel to the stormwater pond.

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 01 of 04 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Small hydraulic fluid leak in garage.

5. Date problem identified: 05 / 07 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Instruct staff to apply absorbent as soon as a leak or spill happens.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated: 05 / 17 / 2018

10. Date correction action completed: / / or expected to be completed: 06 / 17 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 02 of 04 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☒ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Berm missing in opening of one salt dome.

5. Date problem identified: 05 / 07 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Install berm

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 05 / 17 / 2018

10. Date correction action completed: / / or expected to be completed: 06 / 17 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 03 of 04 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Inlet needs to be repaired

5. Date problem identified: 05 / 17 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Repair inlet

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 05 / 17 / 2018

10. Date correction action completed: / / or expected to be completed: 06 / 17 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 04 of 04 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Accumulated sediment in riprap inflow to the stormwater management facility

5. Date problem identified: 05 / 07 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Remove accumulated sediment

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 05 / 17 / 2018

10. Date correction action completed: / / or expected to be completed: 06 / 17 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

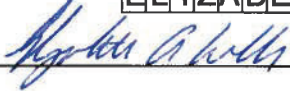
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative
Printed Name:

ELIZABETH A COLLINS

Title: CIVIL ENGINEER

Signature:



Date Signed:

5/17/18

MDR00000



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: WHITEFORD HIGHWAY MAINTENANCE

2. NPDES Permit Tracking No.: MDR00000

3. Facility Physical Address:

a. Street: 1405 PYLESVILLE RD

b. City: WHITEFORD

c. State: MD d. Zip Code: 21160

4. Lead Inspectors Name: ELIZABETH COLLINS

Title: CIVIL ENGINEER

Additional Inspectors Name(s):

5. Contact Person: JEFFREY GRIFFITH

Title: SUPERVISOR

Phone: 410 - 638 - 3606 Ext. E-mail: JAGRIFFITH@HARFORDCOUNTYMD.GOV

6. Inspection Date: 06 / 01 / 2018

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☒ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

Monthly evaluation reports were reviewed. There were no incidences reported for the Calendar Year 2017.

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

Minor sediment accumulation in outfall plunge pool.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☒ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

02

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 1:

1. Brief Description:

Stockpile area

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Minor sediment accumulation in riprap outfall at the western edge of the stockpile area

INDUSTRIAL ACTIVITY AREA 2:

1. Brief Description:

Salt dome

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Berm is in place

INDUSTRIAL ACTIVITY AREA 3:

Brief Description:

Truck shed

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NOTE: Copy this page and attach additional pages as necessaryINDUSTRIAL ACTIVITY AREA 4:

1. Brief Description:

Fueling station

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Spill kits in place

INDUSTRIAL ACTIVITY AREA 5:

1. Brief Description:

Administrative offices and truck bays

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA 6:

1. Brief Description:

Parking lot

2. Are any control measures in need of maintenance or repair? ☒ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☒ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Evidence of hydraulic fluid leaks from plows

NOTE: Copy this page and attach additional pages as necessaryINDUSTRIAL ACTIVITY AREA 7:

1. Brief Description:

Oil recycling station is operated by Maryland Environmental Service.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO

3. Have any control measures failed and require replacement? ☐ YES ☒ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 01 of 02 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☒ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Evidence of hydraulic fluid leaks from snow plow blades

5. Date problem identified: 06 / 12 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Apply absorbents and sweep up

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 12 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 12 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 02 of 02 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
☒ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☒ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

Sediment accumulation in outfall along western edge of the stockpile area

5. Date problem identified: 06 / 12 / 2018

6. How problem was identified:

- ☒ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Clean out riprap.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☒ NO

9. Date corrective action initiated: 06 / 12 / 2018

10. Date correction action completed: / / or expected to be completed: 07 / 12 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

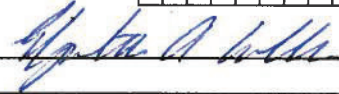
Authorized Representative
Printed Name:

ELIZABETH A COLLINS

Title:

CIVIL ENGINEER

Signature:



Date Signed: 06/12/2018



A. GENERAL INFORMATION

B. GENERAL INSPECTION FINDINGS

If NO, describe why not:

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO3. Have any control measures failed and require replacement? ☐ YES ☐ NO4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

1. Corrective Action #			of			for this reporting period.
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☐ An update on a corrective action from a previous annual report; or

☐ A new corrective action?

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

5. Date problem identified:

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 /

--	--

 /

--	--	--	--

☐ Comprehensive site inspection

☐ Quarterly visual assessment

☐ Routine facility inspection

☐ Benchmark monitoring

☐ Notification by EPA or State or local authorities

☐ Other (describe): _____

9. Date corrective action initiated: | | | / | | / | | |

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

MDR0000

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

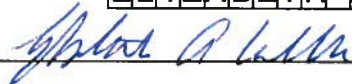
Authorized Representative
Printed Name:

ELIZABETH A COLLINS

Title:

CIVIL ENGINEER

Signature:



Date Signed:

11/13/17

Annual Reporting Form

A. GENERAL INFORMATION

[illegible]

2. NPDES Permit Tracking No.:									
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3. Facility Physical Address:

[illegible]

b. City:

c. State: | |

d. Zip Code: | | | | | - | | | | |

[illegible][illegible]

Additional Inspectors Name(s): | | | | | | | | | | | | | | | | | | | | | |

[illegible]

Title: | | | | | | | | | | | | | | | | | | | | | |

[illegible]

6. Inspection Date: | | / | | / | | |

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?

☐ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

--	--	--

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

- | | | |
|---|------------------------------|-----------------------------|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are any additional/revised BMPs necessary in this area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

- | | | |
|---|------------------------------|-----------------------------|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are any additional/revised BMPs necessary in this area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA ____:

1. Brief Description:	
-----------------------	--

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #

 of

 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): _____

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

 /

 /

6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☐ Other (describe): _____

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☐ NO

9. Date corrective action initiated:

 /

 /

10. Date correction action completed:

 /

 /

 or expected to be completed:

 /

 /

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION**1. Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☒ YES ☐ NO

If NO, summarize why you are not in compliance with the permit:

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

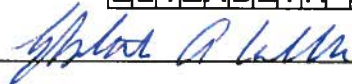
Authorized Representative
Printed Name:

ELIZABETH A COLLINS

Title:

CIVIL ENGINEER

Signature:



Date Signed:

11/13/17

PESTICIDE APPLICATION RECORDS

Name of Applicator	Date	Customer Name and Address of Property Treated	Site of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	EPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano	25 Sept	SHF	flower Beds	210 sq ft.	Freehand	9505 1A D01	Granular	4 cups	Broad-cast spreader	5:11	
Delano	26 Sept	Hd G Activity ctr Parking lot	combs & walks	10 ac	Honcho plus	524-454	10%	2 4 Gal	BPS	5 mph	
Delano	Oct 10 2018	SHF	front flower Beds	800 sq ft	Freehand	9505 1A D01	Granular	6 cups	Broadcast spreader	6 mph	
Delano	Oct 10 2018	SHF	walkways & flower Beds	10 K 39 ft	Honcho plus	524 454	10%	1 gal	BPS	6 mph	spot spray
Delano	10/11/18	SHF	Beds by croquet	1000 sq ft.	Freehand	9505 1A D01	Granular	5 cups	Broadcast	4 mph	

PESTICIDE APPLICATION RECORDS

Name of Applicator	Date	Customer Name and Address of Property Treated	Site of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	EPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano	Sept 5	B.A. Library	Mulch	10 K sq ft	Freehand	9505 1A-Dol	Granular	30 cups	Hand Broadcast	Still	
Delano	Sept 17 2018	Colored School	Mulch Beds	300 sq ft	Gly 4	7269	7.5%	8 oz	BPS	Variable 5 mph	spot spray
Delano	Sept 17 2018	222 Bond 220 Main	Parking lots & walks	25 K sq ft	Gly 4	7269	7.5%	16 oz	BPS	Variable 5 mph	spot spray curbs
Delano	Sept 19 2018	Tucker Field	Parking lot Island	7 K sq ft	Gly 4	7269	10%	3 gal	BPS	3-5 mph	Heavy vegetation
Delano	"	Edgewood Library	AC chiller enclosure	1000 sq ft	Gly 4	7269	10%	2 qt	BPS	enclosed area	Heavy vegetation
Delano	"	Cedar Lane Complex	Parking lot islands	5000 sq ft	Gly 4	7269	10%	2 gal	BPS	3-5	"
Delano	Sept 20 2018	SHF	Back Patio Garden	140 sq ft	Triazicida	2688 250 8845	Granular	2 cups	Broadcast	Still	
Delano	Sept 20 2018	SHF	"	"	Freehand	9505 1A-Dol	Granular	2 cups	Broadcast spreader	Still	

2018

PESTICIDE APPLICATION RECORDS

Name of Applicator	Date and Time	Customer Name and Address of Property Treated	Area of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	EPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano	Aug 4	1980 Brookside Dr edgewood	Mulch Bed	200 sq ft	Gly 4	7269	7.5%	10 oz	BPS	7 mph	
Delano	Aug 8 2018	SHF	Gazebos Gardens Trees	5000 ft ²	Gly 4	7269	7.5%	1 qt.	BPS	still	
Delano	Aug 9 2018	145 N. Hickory Bel Air Office on aging	Mulch Beds	600 sq ft	Freeland	9505 1A DOI	granular	6 cups	Broadcast	5-10 mph	
Delano	Aug 15 2018	Churchville complex Glenville	Mulch Beds	1000 sq ft	"	"	"	6 cups	"	still	
Delano	Aug 16	SHF	Mulch Beds Trees	10 K	Gly 4	7269	7.5%	1 Gal	BPS	1 mph N	S
Delano	Aug 21 2018	Churchville complex Glenville	AC enclosure	5 K sq ft	"	"	"	2 Gal	"	still	Heavy vegetation enclosed area
Delano	Aug 22	Bel Air Library	Mulch Beds	10 K sq ft	"	"	"	1.5 gal	"	still	
Delano	Sept 4	B.A. Colored School	Beds & walks	3 K sq ft	"	"	"	1 gal	"	5 mph	

PESTICIDE APPLICATION RECORDS

Name of Applicator	Date	Customer Name and Address of Property Treated	Site of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	FPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano 6/20/18	6/21/18	SHF	Mulch Beds sidewalks	10K sq ft spot spray	Gly 4	7269	7.5%	1 Gal	BPS	3-5 mph	
Delano 7/9/18	7/9/18	Kahoe Bldg 1125 Hickory Ave 21014	sidewalks and along Building	2K sq ft	Gly 4	7269	7.5%	1 qt.	BPS	3 mph	spot spray
Delano 7/10/18	7/10/18	Main office Tollgate Rd	Mulch Beds sidewalks trees	1K sq ft	Gly 4	7269	7.5%	1 qt.	BPS	still	spot spray
Delano	7/11/18	Equestrian center Tollgate Rd	Front Bed	500 sq	Gly 4	7269	7.5%	1/2 gal	BPS	3-5 mph	
Delano 7/20/18	7/20/18	SHF	sidewalks Driveway	10K sq ft	Gly 4	7269	7.5	1/2 Gal	BPS	3-5 mph	spot spray
Delano 7/20 18	7/20 18	SHF	Building Foundation	10 sq ft	spectracide weed & grass	9688 265 8845	pre mixed	2 oz	Trigger sprayer	3-5 variable	
Delano 7/30	7/30	Distrit COURT RISTEAM	Mulch Beds	800 sq ft	Gly 4	7269	7.5%	1/2 Gal	BPS	5-N variable	
Delano 7/30	7/30	220-212 Belair	Mulch Beds sidewalks	1,700 sq ft	Gly 4	7269	7.5%	3 qt	BPS	still to 5 mph	

Noxious Weed FY2018 Report

Date	Type	Amount (gal)	Location
8/2/2017	Ranger Pro	1.5	County Road
8/9/2017	Ranger Pro	1	Winters Run Road
8/10/2017	Ranger Pro	1	County Road
8/17/2017	Ranger Pro	1	County Road
9/19/2017	Ranger Pro	1.5	County Road
10/4/2017	Hi-Dep	2	Old Federal Hill Road
10/25/2017	Hi-Dep	1	County Road
11/1/2017	Hi-Dep	1	County Road
7/7/2017	Ranger Pro	1	HWDC
7/11/2017	Ranger Pro	1	HWDC
7/12/2017	Ranger Pro	1	Perryman
7/13/2017	Ranger Pro	1	HWDC
7/19/2017	Ranger Pro	1	Spencer
7/20/2017	Ranger Pro	1	HWDC
7/25/2017	Ranger Pro	0.75	HWDC
7/27/2017	Ranger Pro	1	HWDC
7/26/2017	Transline	0.5	HWDC
7/27/2017	Ranger Pro	1	HWDC
8/1/2017	Ranger Pro	1	HWDC
8/9/2017	Ranger Pro	1	HWDC
8/10/2017	Ranger Pro	1	HWDC
8/17/2017	Ranger Pro	1	HWDC
8/24/2017	Ranger Pro	1.5	Spencer
8/24/2017	Ranger Pro	1	Tollgate
8/24/2017	Ranger Pro	1.5	HWDC
9/12/2017	Hi-Dep	1	HWDC
9/13/2017	Hi-Dep	1	HWDC
9/14/2017	Hi-Dep	1	HWDC
9/14/2017	Ranger Pro	0.5	HWDC
9/20/2017	Ranger Pro	1.5	Madonna
9/20/2017	Ranger Pro	1.5	HWDC
9/21/2017	Ranger Pro	1	HWDC
7/5/2017	Transline	1	2509 Conowingo Rd, Bel Air
7/18/2017	Ranger Pro	1	(Rec Center) Level Rd, Churchville
7/20/2017	Ranger Pro	1	(Rec Center) Level Rd, Churchville
8/1/2017	Ranger Pro	1	1002 Walters Mill Rd, Forest Hill
8/17/2017	Ranger Pro	1	1002 Walters Mill Rd, Forest Hill
8/22/2017	Hi-Dep	1	(Rec Center) Level Rd, Churchville
8/23/2017	Hi-Dep	1	(Rec Center) Level Rd, Churchville
8/24/2017	Ranger Pro	1.5	1002 Walters Mill Rd, Forest Hill
9/21/2017	Rodeo	1	4101 E Baker Ave, Abingdon
10/4/2017	Hi-Dep	2	202 Glenville Rd, Churchville
10/5/2017	Transline	1	(Rec Center) Level Rd, Churchville
10/12/2017	Rodeo	1.5	4101 E Baker Ave, Abingdon
10/25/2017	Transline	1	(Rec Center) Level Rd, Churchville
10/25/2017	Transline	0.5	202 Glenville Rd, Churchville
11/2/2017	Hi-Dep	1	202 Glenville Rd, Churchville
5/8/2018	Transline	1	202 Glenville Rd, Churchville
5/8/2018	Transline	1	(Rec Center) Level Rd, Churchville
5/9/2018	Hi-Dep	0.5	202 Glenville Rd, Churchville
5/10/2018	Hi-Dep	0.5	(Rec Center) Level Rd, Churchville
5/30/2018	Cimarron Plus	1.5 oz	4601 Harford Creamery Rd, Whitehall
6/6/2018	Transline	0.25	(Rec Center) Level Rd, Churchville
6/19/2018	Transline	0.5	(Rec Center) Level Rd, Churchville
6/20/2018	Transline	0.5	(Rec Center) Level Rd, Churchville
6/26/2018	Ranger Pro	0.25	Glenville Rd, Darlington
TOTAL		55.75	

**Property Management and Maintenance
Training Records**

Date	Location	Number of Trainees	Group
8/27/2017	Sod Run WWTP	56	WWTP Operations
9/1/2017	Hickory Highways	16	District 2
9/26/2017	Hickory Highways	12	Drainage
9/27/2017	Hickory Highways	8	Bridges
9/28/2017	Jarrettsville Highways	14	District 4
9/28/2017	Whiteford Highways	15	District 3
10/2/2017	Hickory Highways	16	District 2
10/4/2017	Abindgon Highways	16	District 1
10/19/2017	Scarboro Landfill	27	Solid Waste
10/31/2017	Hickory Highways	5	Bridges
11/14/2017	Jarrettsville Highways	17	District 4
2/1/2018	Harford County Public Schools	292	All employees
5/1/2018	Fallston Parks & Rec	3	Supervisors
5/6/2018	Abindgon Highways	16	District 1
2/18/2018	Sod Run WWTP	36	WWTP Operations
3/1/2018	Hickory Highways	10	Drainage
3/30/2018	Whiteford Highways	12	District 3
4/3/2018	Hickory Highways	13	Sealing
6/28/2018	Jarrettsville Highways	14	District 4